FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S59051**

Corporation Name

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

712 N BEACH ST DAYTONA BEACH FL 32114
2a. Mailing Address 26
Suite, Apt. #, etc.
City & State
Zip Country

May 10, 1999 8:00 am Secretary of State

05-10-1999 90210 046 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/07/1991 Applied For 4. FEI Number Not Applicable 59-3072456 \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6: Election Campaign Financing \$5:00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILT, RAY E. Street Address (P.O. Box Number is Not Acceptable) 82 712 N BEACH ST DAYTONA BEACH FL 32114 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE WILT, RAY E. 1.2 NAME NAME 290 FARMBROOK RD 13 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME WILT, BARBARA A. NAME 290 FARMBROOK RD 2.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIP Addition ☐ DELETÉ □ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 jf hanged, or on an attachment with an address, with all other like empowered.

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

SIGNATURE:

904-255-4255

Change

☐ Addition

CR2E034 (11/98)